

Connecticut Association of Nutrition and Aging Services Providers (CANASP)
Testimony to the Appropriations Committee
Regarding Governors Budget proposal related to DSS and SDA Budgets
February 16, 2017

Good Evening Senator Formica, Senator Osten, Representative Walker, Representative Ziobron and Members of the Committee, my name is Joel Sekorski. My colleagues and I are here to speak on behalf of the Connecticut Association of Nutrition and Aging Service Providers, the 9 regional providers of Elderly Nutrition Programs (ENPs) throughout the state of Connecticut.

I am here regarding the Governor's budget proposal related to the DSS and SDA budgets. While there are not direct cuts to Meals on Wheels, programs are suffering due to stagnant funding since 2007 except for the much needed 1% increase received in 2015, and we remain concerned about the significant threat coming down from the federal level as they look to overhaul public assistance funding for aging services and other social services programs.

I would like to state my strong support of the bills raised this year in Aging and Human Services, bills that support increased funding for Elderly Nutrition (HB 6993 & HB 7041). It is evident that you understand the importance of community based services including Meals on Wheels and the positive impact those services have on keeping seniors healthy and independent in their own homes. Meals on Wheels Programs continue to operate in an economy that has had a CPI increase that has exceeded 13% since 2007. During that same period, programs have battled level or decreasing funding from all income streams, units of service reimbursement, town assessments, fundraising and client donation as examples. Statewide providers of the CHCPE Meals on Wheels alone faced a shortfall / differential of over \$1,240,800 this past year.

In addition to CHCPE Meals, Elderly Nutrition Programs provides Congregate and Home Delivered meals through the Title III Older Americans Act (OAA), which has also been suffering due to level funding for the past 8 years. These programs have been making adjustments and cuts to service under the public radar for years now although demand has not decreased. These issues are coming to a head in these critical times and providers are fundraising at unsustainable levels. Providers can no longer absorb the cost of these services and are making difficult decisions on a routine basis. They will have no choice but to begin to deny service, reduce service days and in some cases may have to close or stop serving meals in these underfunded programs, which can vary region by region.

Supporting an increase of 10% to the CHCPE Meals on Wheels will support all programs providing elderly nutrition services.

The accompanying graph, which shows service levels, actual cost to provide service and the differential or shortfall, supports these numbers. As you will see, the increase requested falls short of the total need showing our continued commitment & need for fundraising and innovative policy.

Nutrition Services are a vital support for older Americans nationwide, many of whom are low-income. Meals provided through home delivery allow many older Americans to remain independent and living at home for as long as possible, delaying or preventing the need for more costly institutional services. Providing one or two meals a day to an elderly person in their home helps ensure that they are not only eating, but eating food that meets the nutritional standards necessary to keep them healthy and active. Home delivered meals also provide daily social contact and wellness checks for the elderly

person, something that is essential to older adults living alone in the community. Studies have found that 50 percent of all persons age 85 and over are in need of assistance with instrumental activities of daily living (IADLs), including obtaining and preparing food.ⁱ Meals on Wheels helps address their needs. Serving Elders at Risk, a national evaluation of nutrition program clients, found that nutrition services recipients are older, poorer, more likely to live alone, more likely to be minorities, in poorer health, in poorer nutritional status, more functionally impaired, and at higher nutritional risk than those in the general population. Multiple chronic diseases and conditions negatively affect quality of life, contribute to declines in functioning and the ability to remain in the community, adversely impact individuals' health, and contribute to increased hospitalizations and health care costs.ⁱⁱ

Many of the most common chronic conditions such as hypertension, heart disease, diabetes, and osteoporosis are related to nutrition as a primary prevention, risk reduction, or treatment modality. Data also show that Medicare beneficiaries with multiple chronic conditions are the heaviest users of health care services. Because the prevalence of multiple chronic conditions is higher among home-delivered meal program participants than for the general Medicare population, the provision of healthy meals, nutrition education and counseling are important to helping these individuals avoid more serious and expensive medical care. Data from ACL's National Survey indicate that about 72 percent of home-delivered meal participants have 5 or more illnesses and conditions. About 51 percent of home-delivered meal participants take over six medications per day and some take as many as 30 medications. Additional data also shows that discharged hospital patients who immediately receive Meals on Wheels are significantly less likely to be readmitted in the following 60 days. In a National Campaign Meals on Wheels America states on average a one-day hospital stay is roughly the same cost as a year of single meals or 9 months of double meals to a homebound client.ⁱⁱⁱ The home-delivered meal program participants are significantly less healthy than the general Medicare population and access to healthy meals is essential to their well-being.^{iv}

Thank you again for supporting programs that provide much needed support for a crucial program in our state.

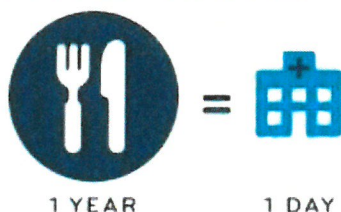
ⁱ Hung et al. Recent trends in chronic disease, impairment and disability among older adults in the United States. BMC Geriatrics. 2011. 11:47.

ⁱⁱ Lochner KA, Cox CS. Prevalence of Multiple Chronic Conditions among Medicare Beneficiaries, United States, 2010. Prev Chronic Dis 2013; 10:120137. DOI <http://dx.doi.org/10.5888/pcd10.12037>ⁱⁱⁱ



THE SAVINGS ARE CLEAR

WE CAN PROVIDE
A SENIOR MEALS ON
WHEELS FOR 1 YEAR
FOR ROUGHLY THE
SAME COST AS
1 DAY IN A HOSPITAL.



© 2016 Source: Calculation based on 2015 Mathematica Policy Report and
2014 Henry J. Kaiser Family Foundation Data

^{iv} 2014 National Survey of Older Americans Act Participants. <http://www.agid.acl.gov/>.

CHCPE 2016

| ENP | 2 Pack Meals | Nutrition cost per | Differential | meals served 2pk | Differential |
|-----------------------------|---------------------|---------------------------|---------------------|----------------------------|-----------------------|
| Litchfield Hills / LHNWENP | \$8.85 | \$10.79 | \$1.94 | 34,380 | \$66,697.20 |
| New Opportunities | \$8.85 | \$9.75 | \$0.90 | 171,994 | \$154,794.60 |
| Catholic Charities | \$8.85 | \$12.00 | \$3.15 | 77,305 | \$243,510.75 |
| LifeBridge | \$8.85 | \$9.97 | \$1.12 | 23,290 | \$26,084.80 |
| CWR | \$8.85 | \$9.77 | \$0.92 | 244,380 | \$224,829.60 |
| CRT Combined in Single | \$8.85 | | | | |
| TEAM | \$8.85 | \$10.04 | \$1.19 | 700 | \$833.00 |
| TVCCA | \$8.85 | \$10.53 | \$1.68 | 108,198 | \$181,772.64 |
| Estuary Council of Seniors | \$8.85 | \$9.96 | \$1.11 | 6,804 | \$7,552.44 |
| | | | \$1.36 | 667,051 | \$906,075.03 |
| | | | | | |
| | single meals | Nutrition Cost per | Differential | Meals served Single | Differential |
| New Opportunities | \$4.84 | \$5.74 | \$0.90 | 8,245 | \$7,420.50 |
| LifeBridge | \$4.84 | \$8.17 | \$3.33 | 18,619 | \$62,001.27 |
| CWR | \$4.84 | \$5.00 | \$0.16 | 59,568 | \$9,530.88 |
| Team | \$4.84 | \$10.04 | \$5.20 | 7,920 | \$41,184.00 |
| TVCCA | \$4.84 | \$9.33 | \$4.49 | 21582 | \$96,903.18 |
| CRT Combined | \$4.84 | \$5.40 | \$0.56 | 201687 | \$112,944.72 |
| Estuary Council of Seniors | \$4.84 | \$5.88 | \$1.04 | 4571 | \$4,753.84 |
| | | | \$1.04 | 322,192 | \$334,738.39 |
| Totals= single meals | | | | 1,656,294 | \$1,240,813.42 |

Differential equals the amount of money the ENP is responsible to generate in order to run the program at breakeven

Differential does not include Fundraising Dollars or Town Assessment Income

Most of the ENP's are unable to generate the differential and are running at a loss

10% increase to the 2015 Rate would bring the reimbursement up to \$9.735 2 pack \$5.32 single, still below actual cost

2pk units 667,051 X 10% \$.88 = \$587,005

Single Units 322,192 X 10% \$.484 = **\$ 155,941**

Total cost to CT for CHCPE meals 10% increase based on 2015/16 actual service units or 1,656,294 meals served = \$742,946.00

ENPs with large rural areas tend to have the higher cost for delivery but all ENPs have costly challenges specific to their regions

The last 3% Cost of Living Adjustment or COLA increase for Meals was 2007, the CPI (consumer price index) has risen over 13% in that same time period CANASP is seeking an additional 10% increase specifically for Elderly Nutrition Meals on Wheels.

January 2015 there was a 1% increase across the board for CHCPE (.08 2PK .04 single) About \$66,250.00 per year for the whole State MOW